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Plan of Correction

Provider/Supplier Instructions

by Charles Moore

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 05/13/2005 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17-_____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED _____
NAME OF PROVIDER OR SUPPLIER Oldtown Community - Home Health Agency		STREET ADDRESS, CITY, STATE, ZIP CODE Main Street Oldtown, KS 66600	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)
G 000	INITIAL COMMENTS The following citations represent the findings of the resurvey # _____		
G 145	484.14(g) COORDINATION OF PATIENT SERVICES A written summary report for each patient is sent to the attending physician at least every 60 days. This STANDARD is not met as evidenced by: The agency census totaled ____ Based on record review and interview the agency failed to provide the attending physician with a written summary report at least every 60 days for two (#6 and #7) of 11 sampled patients. Findings included: - Review of the medical record for patient #6 revealed an admission date of 6/25/03. The medical record lacked a written summary report to the physician. Staff indicated the patient, though requiring a licensed nurse to set up medications weekly paid for the visit themselves. Staff acknowledged on 6/8/04 the agency failed to provide many of the private pay patients with a summary report to the physician every 60 days. - Non compliance with this requirement also effected patient #7.		
G 163	484.18(b) PERIODIC REVIEW OF PLAN OF CARE	G 163	9/1/04
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	
		(X6) DATE	

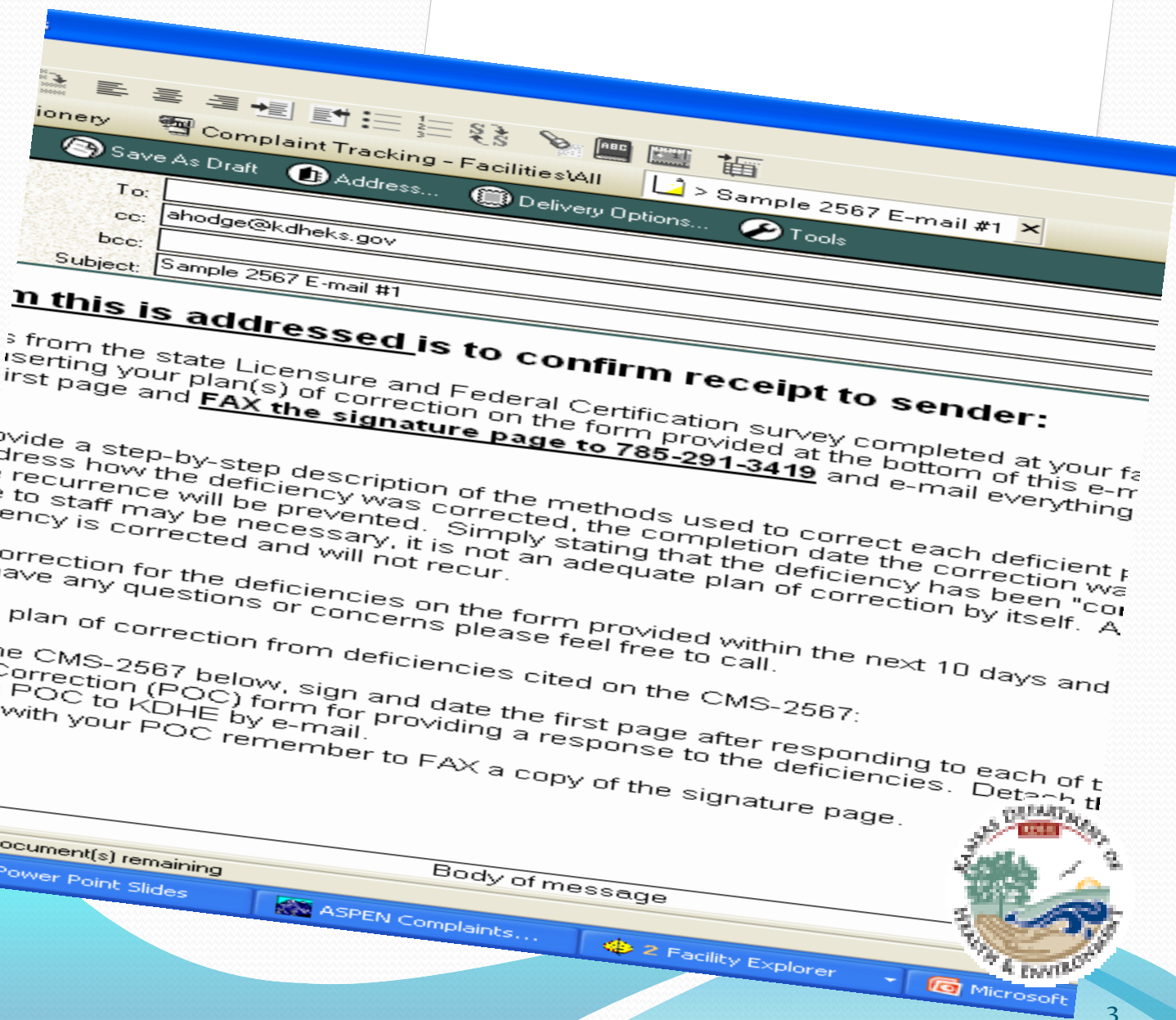
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Responding with a Plan of Correction

In an effort to simplify the process of responding to a “statement of deficiency” (SOD), the State of Kansas is providing you with a copy of the SOD along with a plan of correction (POC) form on which to respond.



E-mail content:

The e-mail will contain the same information the State would have sent you had we sent to you via the mail. The only difference is that the notice is in e-mail format rather than on our letterhead.

One thing we have found important to include is a notice to you is a statement that you respond to the State upon receipt of the e-mail. Thus confirming your receipt of the CMS-2567.

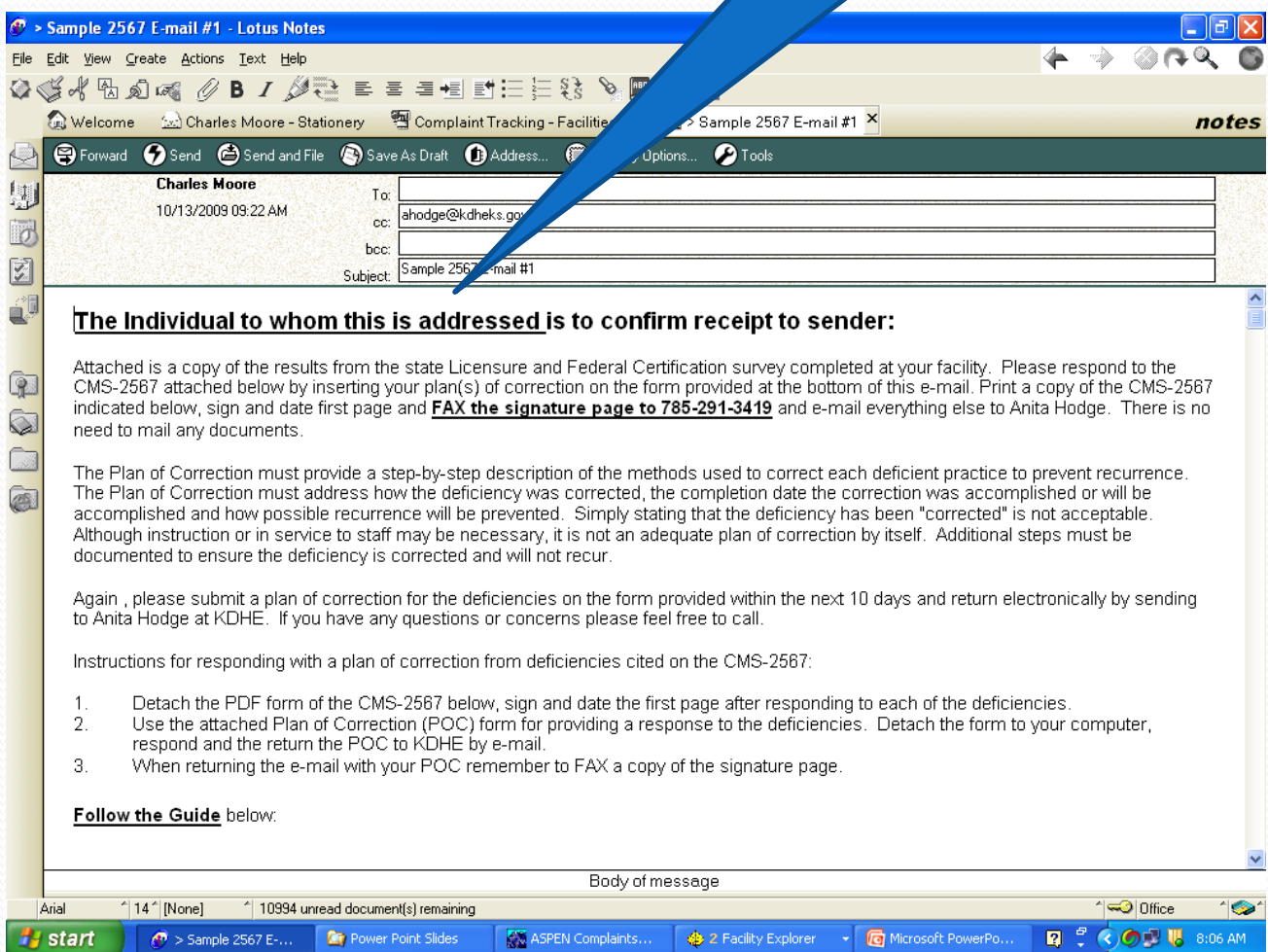
Note sample on next slide.

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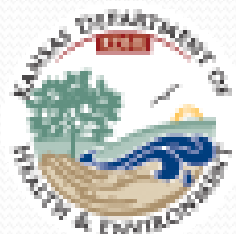


SAMPLE:

NOTE:
Individual receiving e-mail is asked to notify the State upon receipt of this e-mail.



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Sample of how our e-mail would appear to the provider:

- **The Individual to whom this is addressed is to confirm receipt to sender:**
- Attached is a copy of the results from the state Licensure and Federal Certification survey completed at your facility. Please respond to the CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom of this e-mail. Print a copy of the CMS-2567 indicated below, sign and date first page and **FAX the signature page to 785-291-3419 and e-mail everything else to Anita Hodge. There is no need to mail any documents.**

An instruction guide would be attached indicating how to respond and can be accessed by the provider.

The Statement of Deficiencies would appear here. The provider can print this attachment. Thus eliminating mailing costs by the state.

You will be given a form that could be detached and used as your response to the statement of deficiencies.

- Detach the PDF form of CMS-2567 below, sign and date each of the deficiencies.
- Use the attached Plan of Correction (POC) form for providing the form to your computer and respond a
- 3. When returning e-mail with your POC remember to FAX
- **Follow the Guide below:**
- **The following is a copy of your CMS-2567 (Statement of Deficiency) to you must provide a Plan of Correction:**
- (Surveyor will insert CMS2567 in pdf form and label with provider name and survey date)
- **Use the following form when responding to the CMS-2567 (Statement of Deficiency)**
- **Sample POC>>**



You will be instructed in your e-mail to respond as follows:

- 1. Detach the PDF form of the CMS-2567 from the e-mail, sign and date the first page after responding to each of the deficiencies.
- 2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer & respond. Return the POC to KDHE by e-mail.
- 3. When returning the e-mail with the POC you will be instructed to FAX a copy of the signature page.

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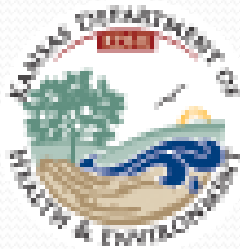


The survey staff will leave an instruction booklet with you as well as a sample of how the POC is to be completed. The e-mail will also contain the instructions and sample form(s).

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INSTRUCTIONS to Provider/Supplier on Detaching the CMS-2567 to your computer



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To detach attachment to your computer...

Place the cursor on the document to be detached, left click and then

Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the respond and the return the POC to KDHE by e-mail.
When returning the e-mail with your POC remember to FAX a copy of the signature page.

Follow the Guide below:

ment of Deficiency and POC Instructions HEALTH 10-12-09.docx

The following is a copy of your CMS-2567 (Statement of Deficiency)

Surveyor inserts 2567 HERE

Use the following form when responding to the CMS-2567 (Statement of Deficiency):

Providers POC... le POC>> ... POC.xlsx

Return to:
Anita Hodge
Bureau of
1000 SW J
Topeka, K

785-296-0...
785-291-34...
ahodge@...

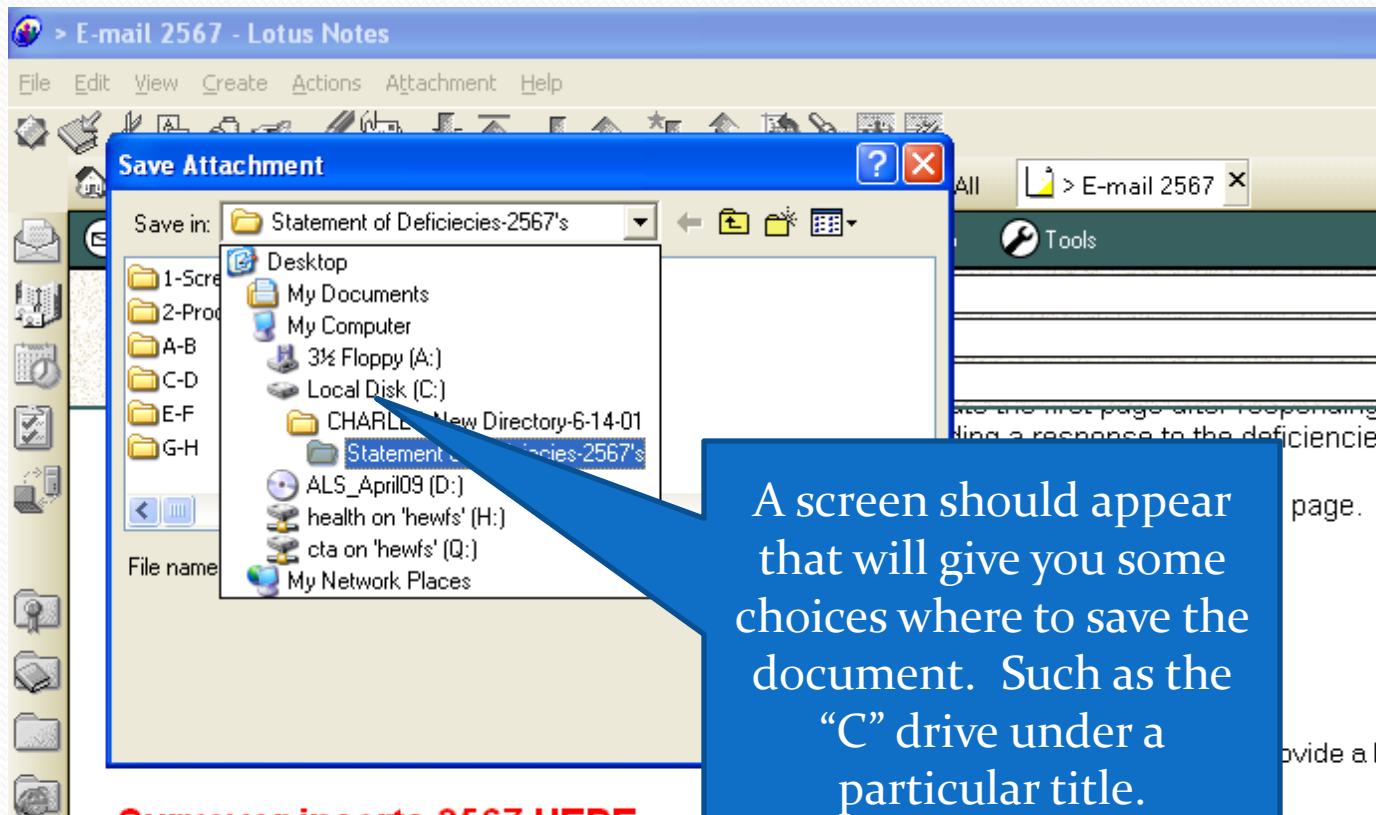
Attachment Properties...

Cut
Copy
Paste
Paste Special...
View
Detach...
Launch...
Detach All...

....click on "detach".



Save document to your computer:



A screen should appear that will give you some choices where to save the document. Such as the "C" drive under a particular title.

Surveyor inserts 2567 HERE

Use the following form when responding to

Providers POC.xlsx

Sample POC>> Sample POC.xlsx

Return to:

**Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365**



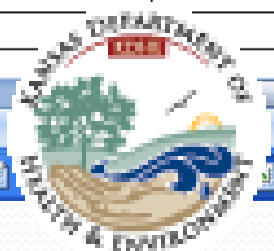
The document below is what should appear on your computer.

	A	B	C
1		PLAN OF CORRECTION	
2	Provider/Supplier Name: ➡		Survey Date ↓
3	STREET ADDRESS, CITY, ZIP: ➡		
4		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17- ➡	
	(X4) ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
13			
14			
15			
16			
17			
18			
19			
20			
21			

You will need to fill in your own name and address here.

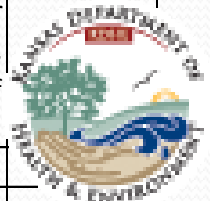
You will also need to fill in your own Federal ID # and date of survey from their CMS-2567.

This area will word wrap so that you can make your response as lengthy as necessary to indicate your Plan of Correction.



Here is a sample of how that might appear when completed. Be sure to save your work.

PLAN OF CORRECTION (SAMPLE)		
Provider/Supplier Name: ➡	Oldtown Community Hospital	Survey Date ↓
STREET ADDRESS, CITY, ZIP: ➡	321 Main Street, Oldtown 66600	05/21/2009
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17- ➡	1981
(X4) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A043	Keys were hung on 5/11/09; however, the locks were then removed from the obstetrics department. The Maintenance Supervisor will conduct inspections to ensure that locks are not replaced. The Safety Committee Chairperson will also conduct inspections to verify the locks have not been replaced. The Board will continue to conduct quarterly inspections of the facility.	05/22/2009
A144	Education will be provided to staff members will include Policy MS 2168, Decubitus Ulcer Prevention. See attached Policy MS2168. Patients admitting with risk under "skin" will have an air mattress applied. Patients admitting with risk of pressure sores who are unable to reposition themselves will be placed on turning schedule. The Charge Nurse will monitor patients admitted during shift for any infectious processes and will initiate the appropriate precautions to control the spread of infection. Each Med/Surg nurse will be responsible to monitor the Turn Schedule Sheet during their shift, as assessments warrant. The Med/Surg Manager will be responsible for monitoring patients with risk under "skin" or pressure sores. The Chief Nursing Officer will ensure appropriate precautions are taken by monitoring activity.	06/21/2009
A263	We will have implemented a hospital-wide quality program involving continuous measurement of quality and improvement. We will be using the model used by the Rural America, the Multi-State Rural Hospital Quality and Performance Improvement Project. We will be using QA Calendars to monitor adverse patient events and other aspects of our hospital's services. The Director of Quality Assurance will monitor departmental quality assurance which will include each department of the hospital, including but not limited to Maintenance and Health Information. The Chief Executive Officer will conduct inspections to ensure follow through of program.	



Once you have responded to each of the deficiencies your POC is ready to send to the State:

Send all responses via-e-mail to
ahodge@kdheks.gov.

Charles Moore
10/13/2009 09:22 AM

To: [Redacted]
cc: ahodge@kdheks.gov
bcc: [Redacted]
Subject: E-mail 2567

Follow the Guide below:

Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx

The following is a copy of your CMS-2567 (Statement of Deficiency and Plan of Correction):

Surveyor inserts 2567 HERE

Use the following form when responding to the CMS-2567 (Statement of Deficiency and Plan of Correction):

Providers POC.xlsx [Sample POC>>](#) Sample POC

Return to:
Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

785-296-0127 Desk Phone
785-291-3419 FAX
ahodge@kdhe.state.ks.us

This indicates who the CMS-2567 should be addressed to.



At this time you should re-check the steps to be certain you have completed all the requirements.

- 1. Detach the PDF form of the CMS-2567 from the e-mail, sign and date the first page after responding to each of the deficiencies.
- 2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer & respond. Return the POC to KDHE by e-mail.
- 3. When returning the e-mail with the POC the provider is instructed to FAX a copy of the signature page.

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Needing more information?

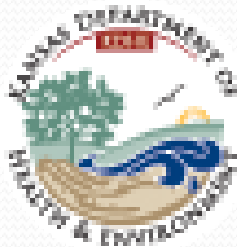
Contact:

**Charles Moore, Director Medical Services
Bureau of Child Care & Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612**

e-mail: cmoore@kdhe.state.ks.us

Desk Phone: 785-296-0131

FAX: 785-291-3419



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